

**Beth Israel Deaconess Medical Center
Infection Control Manual**

Infection Control Construction/Renovation/Maintenance

Pre-Occupancy Documentation Form: IC-CRM9

Project No. _____

Location: _____

Project Manager: _____

General Contractor: _____

Submitted By: _____ **Date:** _____ **Time:** _____

	NA	Yes	No	Corrected
1. Environmental				
• Area clean/dust free.....				
• Air vents clean.....				
• Carpet clean/dust free.....				
• Ceilings intact.....				
• Waterless hand rinse.....				
• Antimicrobial soap.....				
• Lotion soap.....				
• Hand lotion.....				
• Regular waste receptacle (all rooms/soiled utility).....				
• Biohazard waste receptacle (soiled utility).....				
Comments:				
2. Engineering Controls				
• Air-balancing systems tested.....				
• Filters changed.....				
• Negative pressure rooms tested.....				
• Negative pressure room monitor				
• Needle/sharps containers correct height/location.....				
• Collection containers for CPD.....				
• Glove holders.....				
• Face mask holders.....				
• Germicidal Wipe holders.....				
Comments:				
3. Water Supply				
• Faucets flushed.....				
• Floor drains functioning; traps full of water.....				
Comments:				
4. Unit Specific				
• Adequate space for cleaning/disinfection.....				
• Proper ventilation for chemical disinfection.....				
• Autoclave/steris cleaned and tested.....				
Comments:				